

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		04-12-01
O.I.P.E. CLASSIFIER		47	5/4/01
FORMALITY REVIEW	TH	953	06-04-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	10/14/01
2	2	2	3/2/01
3	3	0	
4	4	0	
5	5	0 0	
6	6	✓	
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10	10	0	
11	11	0	
12	12	0	
13	13	0 0	
14	14	✓	
15	15	0 =	
16	16	0	
17	17	✓	
18	18	=	
19	19		
20	20		
21	21	✓	
22	22	✓	
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26	26	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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6/4/01  
C6/4/01

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